MINORITIES BELIEVE THEY RECEIVE FAR DIFFERENT CARE THAN WHITES, MUCH OF IT INFERIOR, NEW SURVEY SHOWS
African Americans Are Three Times, and Hispanics Are Twice As Likely As Whites To Feel That Minorities Receive Lower Levels of Care

(Nashville, TN) – Is the U.S. medical system failing minority patients? A new poll released today shows that while Americans are divided about the extent to which racial and ethnic health care disparities exist, African Americans and Hispanics are as much as three times more likely than whites to feel that minorities receive a lower level of care.

Although one in five whites acknowledge that minorities receive lower levels of quality medical care than white Americans do, two-thirds of African Americans feel that way as do 41 percent of Hispanics, according to the poll.

The survey results were released today at a forum in Nashville, TN co-sponsored by the Harvard Forums on Health, the journal Health Affairs, The New America Foundation, and a group of academic and public health partners in the state.* The survey cited several reasons for unequal treatment, including cultural and language barriers and discrimination on the part of health professionals. It also revealed that large numbers of Americans support penalizing providers and insurers with a history of delivering unequal care based on a person’s race or ethnicity.

“The poll findings show a persistent feeling among minorities that the care they are getting is not equal to that of whites,” says David Blumenthal, MD, director of Harvard University’s Interfaculty Program on Health Systems Improvement, which organized the forum. “Inequality in medical access and treatment is a problem for many Americans that can no longer be ignored,” he says.
Many of the responses validate a 2002 landmark Institute of Medicine (IOM) report, which found that racial and ethnic minorities receive lower quality health care than whites even when they are insured and other factors are considered. That IOM report also found that while there are complex reasons for racial and ethnic health care inequities, evidence suggests that bias, prejudice, and stereotyping, on the part of doctors and other health care providers may contribute to the problem.

The Harvard Forums on Health commissioned the national poll, conducted by the Washington DC-based firm Lake Snell Perry & Associates (LSPA) in late August 2003, to explore the public’s knowledge about disparities in health care and their opinions about various policy options to remedy inequities in the health care system. LSPA surveyed 806 Americans age 18 and older and included oversamples of African Americans and Hispanics. The survey also examined public attitudes toward a ballot proposal now pending in California, Proposition 54 that would ban the state from collecting data that would classify people based on race, ethnicity, color or national origin.

**Reasons for Unequal Treatment**

The poll examined the reasons why Americans may feel that minorities are treated differently in the health system. The most common culprit cited: cultural and language barriers. Four in 10 Americans consider it a major reason, and two-thirds of Hispanics consider it a major reason.

Over half of those surveyed also feel that health care professionals – intentionally or not – treat minority and white patients differently. This feeling is particularly strong among minorities. Eight in 10 African Americans believe this is a reason for disparate care and 57 percent feel it is a major reason. Three quarters of Hispanics believe bias and discrimination contribute to unequal care, and half see it as a major reason. In contrast, whites view this problem very differently. Less than half of whites feel bias is a reason for inequality in care, and only 21 percent see it as a major reason.

“The stark difference in views between whites and minorities about how they are treated by doctors, nurses and other health care professionals is very troubling,” says Harvard Forums Director David Blumenthal. “The poll findings show how critical a strong cultural competency training program is for both health professions schools and health care institutions at large,” he adds.

**Remedying The Problem**

In fact, the poll found broad support for a variety of remedies to the problem:

- Large majorities of Americans feel it is important to penalize doctors, hospitals and insurance companies with a track record of treating people differently based on their race and ethnicity; eight in 10 African Americans say this is a very
important step. There is less support for rewarding doctors who make the extra effort to provide high quality of care to minority of patients.

- There was broad support for cultural competence training for medical students and doctors, particularly among minorities. Substantial majorities of African Americans and Hispanics feel it is very important for practicing doctors and future doctors to take classes about how best to communicate with and treat patients of different backgrounds.
- African Americans and Hispanics also felt it was important for doctors and hospitals to provide interpreters for non-English speaking patients.
- Minorities are more likely than whites to support the idea of increasing the number of minorities working in the health care field as one way to narrow the disparity gap. Nearly three quarters of African Americans and Hispanics feel this is very important, compared to 39 percent of whites.
- Among all respondents, empowering patients about how best to get the health care they need and how to participate in treatment decisions topped the list of ways to ameliorate inequities in health care. Large majorities of African Americans, Hispanics and whites feel this is an important step.

"Remedying racial and ethnic disparities in the provision of health care is a critical challenge to our society," says Harvard School of Public Health Dean Barry Bloom, Ph.D. "It's clear that the public is prepared to take steps to address this problem, and the research community can contribute by analyzing programs to ensure that the steps we take are the most effective."

**The Merits of Collecting Racial and Ethnic Data**

Finally, the poll asked one question about a controversial ballot initiative that would ban California from classifying people according to race or ethnicity. Despite the argument that passage of Proposition 54 – The Racial Privacy Initiative – could make it difficult to study how minorities are treated in the health care system and track disparity-related gaps, a majority of Americans say they would support the initiative. African Americans were the most likely to support the initiative.

“The finding is difficult to interpret because the potential effects of Proposition 54 may be too abstract to explain in a single survey question,” says LSPA Vice President Susan Kannel. On the other hand, Kannel says the finding could suggest that “as important as tracking disparities in health care is to Americans, the promise of a color-blind society is even more appealing at first glance.”

“The poll shows that advocates of collecting data that permit continued tracking of racial and ethnic disparities face significant challenges in explaining their case to voters,” adds Blumenthal.
Copies of the survey: “Americans Speak Out on Disparities in Health Care,” can be obtained by calling Eliza Brinkmeyer at Burness Communications at 301/652-1558, x208, by e-mailing her at ebrinkmeyer@burnesscommunications.com, or by visiting The Harvard Forums on Health website at www.phsi.harvard.edu.

*Co-sponsors of the September 22 Nashville Forum on Reducing Racial and Ethnic Health Care Disparities are:  Vanderbilt Medical Center, Meharry Medical College, the Meharry/Vanderbilt Alliance, and the Metro Nashville/Davidson County Public Health Department.

The Harvard Forums on Health is supported by an educational grant from Eli Lilly & Co